

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | SERIAL NO. | FILING DATE | | |
|---|-----|---------------------|-----|---------------------|-----|--------------|-------------|------------|-----|
| | | | | | | APPLICANT(S) | | | |
| | | | | | | CLAIMS | | | |
| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | IND | IND | IND | IND |
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| TOTAL DEF. | 10 | ← | ← | ← | ← | ← | ← | ← | ← |
| TOTAL CLAIMS | 14 | [REDACTED] | | [REDACTED] | | [REDACTED] | | [REDACTED] | |
| TOTAL IND. | | | | | | | | | |
| TOTAL DEF. | | ← | ← | ← | ← | ← | ← | ← | ← |
| TOTAL CLAIMS | | [REDACTED] | | [REDACTED] | | [REDACTED] | | [REDACTED] | |